

County Occupational Tax Notification

TO: ABC Personnel Payroll Clerk Date: _____

Employee Name: _____ SSN: _____

Division: _____ Work County: _____, AL

Percent of Work Time Within the County: _____ % From: _____ To: _____

This is to certify that the employee identified above will work within the above indicated county during the stated time period. By working within the county, it is understood that the employee will pay the current county occupational tax during this period.

If conditions arise that the employee does not work the stated time within the county, the employee will request from the county identified above a refund in the amount of the overstated tax.

Immediate Supervisor's Signature

Employee's Signature